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(((11090000896103)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

2 HORN MATERIAL HANDLING SYSTEMS INTERNATIONAL, INC.

RECEIVET 009 APR 15 AM 8: 01 SECRETARY OF STAP ALLAHASSEE, FLORE

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char in order	nge is submitted for a corporation orga to change its registered office or regist	02, 607.1508, or 617.1508, Piorida Statutes, this nized under the laws of the State of Oklahoma gered agent, or both, in the State of Florida.
1. The name of the	he corporation: Horn Material Handling	Systems International, Inc.
2. The principal	office address: 9001 S. Cimmeron Road,	Mustang, OK 73064
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 07/17/2007	Document number: F07000003644
	street address of the current registered attended of State: (If resigned, enter resign	agent and registered office on file with the ed)
	NRAI Services, Inc.	
	2731 Executive Park Dr., Suite 4	
	Weston, PL 33331	
6. The name and (if changed):	street address of the new registered age	
	C T' Corpora	1200 South Pine Island Road
		1200 South Pine Island Road
	(P.O. Bux NO1 acceptable	
	Plantation, F	
The street address changed will	ess of its registered office and the stree be identical.	at address of the business office of its registered agent.
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
Lusta	era Hora	Parbura Horn, President [Printed or typed nume and title)
(Signal)	ure of an officer or director)	
I hereby accept I further agree of my duties, ar document is he corporation ha	the appointment as registered ugent to comply with the provisions of all sit and for familiar with and accept the oling filed merely to reflect a change in a been notified in writing of this change.	and agree to act in this capacity. quites relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, ) hereby confirm that the e.
- REC.	CT Corporation System	4-15.09
- CSi	gnature of Registered Agent)	(Dute)
If signing on be	chaif of an entity:	
Jonat	my Miles, Asst. Se Typod or Printed Name)	Ç.

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

PLD06 - 10/06/2008 C T \$yelon; Online